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AME	NDMENT 7	ΓRANSMI	TTAL LE	TTER		cket No. 00037USPT	7
Application No.		Filing Date		Examiner	- 1	Art Unit	
09/328183		June 8, 1999 C. M. Atkins		son	3753		
plicant(s): Ove	erton L. Parish	et al.					
COOLI vention: OF MA			OW PROFILI	E EXTRUSION AN	ID METHO	D	
	TC	THE COMMI	SSIONER FO	OR PATENTS		· · · ·	
ransmitted here	with is an ame	ndment in the	above-identif	ied application.			
he fee has beei	n calculated an	d is transmitted	d as shown b	elow.			
			S AS AMENI	DED			
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	:		
Total Claims	39	- 38 =	1	x 9.00		9.00	
Independent Claims	4	- 3 =	1	x 43.00		43.00	
Multiple Depend	dent Claims (ch	eck if applicabl	e)				
Other fee (please specify):  TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:						52.00	
Large Entity				x Small Entity	y		
===	al fee is require	•				RECE	EVE
Please charge Deposit Account No in the amount of \$						0 2004	
× A check in t	he amount of \$	52.00	to cover	the filing fee is end	closed.	ECHNOLOGY	CENTER
Payment by	credit card. Fo	orm PTO-2038	is attached.		ŀ	ECHNOLOGI	OFINITION
	r is hereby auth d below. A dup			Deposit Account Nenclosed.	No10-	0447	
x Credit a	ny overpaymer	nt.					
X Charge	any additional fili	ing or applicatio	n processing t	fees required under	37 CFR 1.1	6 and 1.17.	
Ashley M. Mobil Attorney Reg. M.				Dated:	41281	04	
JENKENS & G	ILCHRIST, A P		AL CORPORA	ATION			

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Faterits, P.O. Box 1450, Adexandria, VM 22313-1450, on the date shown below.

Dated: 09-29-09

Dallas, Texas 75202 (214) 855-4713

Signature:

(Margo Barbarash)

TECHNOLOGY CENTER R3700

for FY 2004

Effective 10/01/2003, Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT 52.00 METHOD OF PAYMENT (chack

espond to a collection of information unless it displays a valid OND control number						
Co	mplete if Known					
Application Number	09/328183					
Filing Date	June 8, 1999					
First Named Inventor	Overton L. Parish					
Examiner Name	C. M. Atkinson					
Art Unit	3753					
Attorney Docket No.	27889-00037USPT					

X Check CARD ORDER OTHE NONE  Deposit Account:  Deposit Account Number 10-0447  Deposit Account Number 10-0447  Deposit Account Name Professional Corporation  The Director is authorized to: (check all that apply)  Charge fee(s) indicated below X Credit any overpayments  Charge any additional fee(s) or any underpayment of fee(s)  To the above-identified deposit account.  Basic Filling Fee  1252 420 2252 210 Extension for reply within first month  Large Entity Small Entity  Fee Fee Fee Fee Fee Fee (\$)  Fee Description  Fee Description  Fee Description  Fee Description  Fee Description  1051 130 2051 65 Surcharge – late filing fee or oath  1052 50 2052 25 Surcharge – late provisional filing fee or cover sheet.  1053 130 Non-English specification  1804 920 1804 920 Requesting publication of SIR prior to Examiner action  REQUESTING PUBLICATION OF SIR AFTER  1251 110 2251 55 Extension for reply within first month  1. BASIC FILING FEE  Large Entity Small Entity	ee Paid
Deposit Account Number  Deposit Account Name  Professional Corporation  The Director is authorized to: (check all that apply)  Charge fee(s) indicated below  X Credit any overpayments  Deposit Account Name  The Director is authorized to: (check all that apply)  Charge fee(s) indicated below  X Credit any overpayments  Deposit Account Name  The Director is authorized to: (check all that apply)  Charge fee(s) indicated below  X Credit any overpayments  Deposit Account Name  The Director is authorized to: (check all that apply)  Charge fee(s) indicated below  X Credit any overpayments  Deposit Account Name  The Director is authorized to: (check all that apply)  Deposit Account Name  The Director is authorized to: (check all that apply)  Deposit Account Name  The Director is authorized to: (check all that apply)  Deposit Account Name  The Director is authorized to: (check all that apply)  Deposit Account Name  The Director is authorized to: (check all that apply)  Deposit Account Name  The Director is authorized to: (check all that apply)  Deposit Account Name  The Director is authorized to: (check all that apply)  Deposit Account Name  The Director is authorized to: (check all that apply)  Deposit Account Name  The Director is authorized to: (check all that apply)  Deposit Account Name  The Director is authorized to: (check all that apply)  Deposit Account Name  The Director is authorized to: (check all that apply)  Deposit Account Name  The Director is authorized to: (check all that apply)  Deposit Account Name  The Director is authorized to: (check all that apply)  Deposit Account Name  The Director is authorized to: (check all that apply)  Deposit Account Name  The Director is authorized to: (check all that apply)  Deposit Account Name  The Director is authorized to: (check all that apply)  Deposit Account Name  The Director is authorized to: (check all that apply)  Dep	ee Paid
Deposit Account Number  Deposit Account Name  Professional Corporation  The Director is authorized to: (check all that apply)  Charge fee(s) indicated below  X Credit any overpayments  Charge any additional fee(s) or any underpayment of fee(s)  Charge fee(s) indicated below, except for the filling fee  to the above-identified deposit account.  BASIC FILING FEE  Large Entity  Small Entity  Fee Description  Fee Description  Fee Description  Fee Description  Fee Description  1051 130 2051 65 Surcharge – late filing fee or oath Number Sheet.  1052 50 2052 25 Surcharge – late provisional filing fee or cover sheet.  1053 130 Non-English specification  1812 2,520 For filing a request for exparte reexamination  Requesting publication of SIR prior to Examiner action  1805 1,840* 1805 1,840* REQUESTING PUBLICATION OF SIR AFTER  FEE CALCULATION  1. BASIC FILING FEE	ee Paid
Account Number  Deposit Account Name  Professional Corporation  The Director is authorized to: (check all that apply)  Charge fee(s) indicated below  Charge any additional fee(s) or any underpayment of fee(s)  Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.  The Director is authorized to: (check all that apply)  Charge fee(s) indicated below  X Credit any overpayments  1053  130  1053  130  1053  130  1053  130  1053  130  1053  130  1053  130  1053  130  1054  130  1055  130  1056  130  1057  130  1058  130  1058  130  1059  130  1059  130  130  130  130  130  130  130  13	ee Paid
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The Director is authorized to: (check all that apply)  Charge fee(s) indicated below  X Credit any overpayments  Charge any additional fee(s) or any underpayment of fee(s)  Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.  The Director is authorized to: (check all that apply)  1052 50 2052 25 States in the provision in large sheet.  1053 130 Non-English specification  1812 2,520 For filing a request for exparte reexamination  1804 920 1804 920 Requesting publication of SIR prior to Examiner action  1805 1,840 1805 1,840 RECUESTING PUBLICATION OF SIR AFTER  1251 110 2251 55 Extension for reply within first month  1. BASIC FILING FEE	IVED
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Fee Fee Fee Fee Fee Description Fee Paid 1254 1,480 2254 740 Extension for reply within fourth month	
1001 770 2001 385 Utility filing fee 1255 2,010 2255 1,005 Extension for reply within fifth month	<del>,,,</del> ,
1002 340 2002 170 Design filing fee 1401 330 2401 165 Notice of Appeal	$\bigcirc$
1003 530 2003 265 Plant filing fee 1402 330 2402 165 Filing a brief in support of an appeal	П
1004 770 2004 385 Reissue filing fee 1403 290 2403 145 Request for oral hearing	- Indeed
1005 160 2005 80 Provisional filing fee 1451 1,510 1451 1,510 Petition to institute a public use proceeding	
1452 110 2452 55 Polition to coving unquisidable	
SUBTOTAL (1) (\$) 0.00   1453 1,330   2453   665   Petition to revive - unintentional	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE 1501 1,330 2501 665 Utility issue fee (or reissue)	
Extra Fee from Claims below Fee Paid 1502 480 2502 240 Design issue fee	
Total Claims 39 -38** = 1 x 9.00 = 9.00 1503 640 2503 320 Plant issue fee	
Independent 4 -3** = 1 x 43.00 = 43.00 1460 130 Petitions to the Commissioner	$\neg \neg$
Claims 4 5 7 1 1 4 43.00 2 43.00 143.00 143.00 150 7 elinioris to the Continus Inter- Multiple Dependent = 1807 50 1807 50 Processing fee under 37 CFR 1.17(q)	$\neg \neg$
Large Entity Small Entity 1806 180 1806 180 Submission of Information Disclosure Stmt	
Fee Fee Fee Code (\$) Code (\$) Fee Description 8021 40 8021 40 Recording each patent assignment per property (times number of properties)	
1202 18 2202 9 Claims in excess of 20 1809 770 2809 385 Filing a submission after final rejection	
1201 86 2201 43 Independent claims in excess of 3 (37 CFR 1.129(a))	
1203 290 2203 145 Multiple dependent claim, if not paid 1810 770 2810 385 For each additional invention to be examined (37CFR 1.129(b))	
1204 86 2204 43 ** Reissue independent claims 1801 770 2801 385 Request for Continued Examination (RCE)	
1205 18 2205 9 ** Reissue claims in excess of 20 1802 900 1802 900 of a design application	
and over original patent Other fee (specify)	
SUBTOTAL (2) (\$) 52.00 Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)	0.00
**or number previously paid, if greater; For Reissues, see above	

SUBMITTED BY		(Complete (if applicable))
Name (Print/Type) Ashley N. Moore	Registration No. (Attorney/Agent) 51,667	Telephone (214) 965-7393
Signature		Date 428,04

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 1223-1450, on the date shown below.

Dated: 14-29-64 Signature: (Margo Barbarash)